

Date: _____

Current Reinforcer List

Student: _____

Teacher: _____

Social: (ex. Praise, attention (peer or adult), etc...)

Tangible: (ex. Toys, games, activities, breaks, etc...)

Edible:

What is the student's *schedule of reinforcement*?

a. Frequency (after how many responses?) _____

b. Duration (how long before receives reinforcement?) _____